NUCLEAR MEDICINE TECHNOLOGY CERTIFICATE APPLICATION INSTRUCTIONS

The State of California is charged (Health and Safety Code, Division 20, Section 107175) with the responsibility of evaluating the qualifications of individuals performing nuclear medicine technology as described in Section 107150 of Division 20 of the Health and Safety Code. This application form is designed to assist the State in evaluating your competency to perform nuclear medicine technology (California Code of Regulations, Title 17, Section 30520) and your need for examination pursuant to Section 30532 of the California Code of Regulations, Title 17.

The bold headings below refer to sections of the application. Please submit the information requested under each section as applicable. All sections MUST be completed. Failure to complete part of one or more sections may lengthen the certification application process by four to six weeks.

Sections that do not apply should be marked "Not Applicable" or "N/A."

Name, address, etc.: Self-explanatory.

Scope of certificate requested: Self-explanatory.

National Certification in Nuclear Medicine Technology

Check (✓) applicable box(es). Submit documentary evidence that you have passed the examination(s) to qualify for the national certificate(s) checked. Applicants, who document passing one or more of the examinations listed on the application, are exempt from taking the state examination in nuclear medicine technology.

Examination

For those candidates who must take the state-administered examination, indicate examination site and month of your choice. A current state-administered examination schedule for Northern California and Southern California is included with this application packet. Applications must be received at least 45 days prior to the requested examination date. Upon receipt, your application will be reviewed and you will be contacted regarding the time and place for the examination.

Education: Self-explanatory.

Basic Education

Indicate the hours of instruction for each of the 20 subjects listed (indicate if the number of hours you listed is in semester or quarter hours credits where appropriate). List other basic instruction(s) in nuclear medicine technology such as continuing education, which may qualify as college level instruction**.**

Laboratory Experience

Indicate the hours of instruction for each of the seven subjects listed. List other laboratory experiences such as wipe test for removable contamination or quality control of dose calibrator.

Equipment Used: Self-explanatory.

Clinical Experience

A. In Vitro Tests: Self-explanatory.

B. In Vivo Nonimaging Tests Involving Measurement of Uptake, Dilution, Absorption, and Excretion

Under "procedures you have performed," you should indicate red blood cell volume studies under "RBC" and plasma volume studies performed under "blood/plasma volume."

C. Imaging Studies: Self-explanatory.

D. Administration of Radioactive Material for Diagnostic Purposes:

Do not fail to indicate the number of IV administrations you have performed.

E. Withdrawal of Blood Samples for In Vitro Tests: Self-explanatory

F. Administration of Radioactive Material for Therapeutic Purposes: Self-explanatory.

Use of Generators and Reagent Kits for Preparation of Radiopharmaceuticals (Radioactive Material): Self-explanatory.

Check list of items to be submitted with your completed application

Item 1 — Completion document from your nuclear medicine technology program and/or a transcript of courses taken and program completion date.

Items 2 and 3 — Self-explanatory.

Items 4–8 — Enclose a letter from your supervising radiologist or chief technologist verifying that you have been employed as a nuclear medicine technologist (8), have performed the procedures marked on your application (4) and have performed at least the required minimum number of procedures as outlined in questions 5, 6, and 7 of this section ***OR***

If you have recently completed a nuclear medicine technologist training program from a JRCPNMT accredited program, please obtain a letter from the director of your program verifying that you have performed the procedures marked on your application (4) and have performed the required minimum number of procedures as outlined in questions 5, 6, and 7 of this section.

Item 9 — **Submit RHB application fee** (see attached fee schedule) made payable to the Department of Health Services.

Declaration: **Do not forget to sign and date your application form.**

NUCLEAR MEDICINE TECHNOLOGY CERTIFICATE APPLICATION

Please READ the instructions before completing this form. Read Privacy Notification on page 4.

Name (last) (first) (middle)	Date of birth	Gender ☐ Male ☐ Female

Mailing address (number, street, P.O. Box)	City	State	ZIP code

Home telephone number ( )	Work telephone number ( )

Presently employed as: ☐ Nuclear Medicine Technologist ☐ Other (specify) _____

Name of present employer	Social security number

Address of present employer (number, street)	City	State	ZIP code

Telephone number ( )	FAX number ( )	E-mail address

NOTE: "All information on this application is releasable to the public. You may submit a P.O. Box number rather than a home address if no othe business address is available." California Public Records Act (PRA), Government Code, Sections 6250, et seq.

Scope of Certificate

- Diagnostic in vivo and in vitro tests involving measurement of uptake, dilution, or excretion, including venipuncture, but not involving imaging.
- Use of generators and reagent kits for preparation of radioactive material.
- Diagnostic nuclear medicine technology procedures involving imaging, including venipuncture.
- Internal radioactive material therapy.

National Certification in Nuclear Medicine Technology

☐ ARRT Year examination taken: _____ ☐ ASCP Year examination taken: _____
☐ NMTCB Year examination taken: _____ ☐ Other (specify): _____

Examination

If required, I prefer to take the examination in ☐ Southern California ☐ Northern California In the month of: _____

Education

Indicate the highest grade you have completed: _____

Name of college or university attended	Location of college or university attended

Course of Study	Units Completed		Degree	Graduation Date
	Quarter	Semester		

Name of nuclear medicine technology school	Location

Date attended From: To:	Total length of the course (in months)

Additional nuclear medicine education and training:

Basic Education

Subjects	Hours of Instruction	Subjects	Hours of Instruction
1. Human anatomy and physiology		12. Nuclear instrumentation	
2. Physics		13. Statistics	
3. College mathematics		14. Radionuclide chemistry	
4. Medical terminology		15. Radiopharmacology	
5. Oral and written communication		16. Department organization and function	
6. General chemistry		17. Radiation biology	
7. Medical ethics		18. Nuclear medicine technology	
8. Methods of patient care/nursing		a. In vivo procedures	
9. Radiation safety and protection		b. In vitro procedures	
10. Nuclear medicine physics		19. Radionuclide therapy	
11. Radiation physics		20. Computer applications	

List any other basic instruction in nuclear medicine technology (indicate subjects and total hours per subject)

Laboratory Experience

Subjects	Hours of Instruction	Subjects	Hours of Instruction
1. Collimators—sensitivity versus resolution		8.	
2. Survey instruments—calibration and use		9.	
3. Gamma ray spectrometry		10.	
4. Nuclear generators and dose calibration		11.	
5. Preparation of radioactive material		12.	
6. In vitro laboratory		13.	
7. Radioactive waste handling techniques		14.	

Equipment Used

☐ Survey meters: ☐ GM ☐ Ion chamber ☐ Other (specify) _____

☐ Dose calibrators: Make and model _____

☐ Scintillation cameras: Year manufactured _____ Make _____

☐ Equipped with digital system _____ ☐ Yes ☐ No

☐ Well counter: Type _____ Make _____

☐ Multi-channel analyzers _____

☐ Ergometers: Type _____ Make _____

☐ Treadmill: Type _____ Make _____

☐ Lung ventilation: Type _____

☐ Thrombosis detection system: Type _____ Make _____

☐ Other (specify) _____

Clinical Experience

A. In Vitro Tests— Indicate type and number of in vitro tests you have performed

Type of In Vitro Test	Number Performed	Type of In Vitro Test	Number Performed

B. In Vivo Nonimaging Tests Involving Measurement of Uptake, Dilution, Absorption, and Excretion

Indicate radioisotopes you have used:

☐ Cobalt 57 ☐ Cobalt 58 ☐ Iodine 123 ☐ Iodine 125 ☐ Iodine 131
☐ Iron 59 ☐ Xenon 133 ☐ Chromium 51 ☐ Other (identify) _____

Indicate procedures you have performed and the number performed:

Procedure	Number Performed	Procedure	Number Performed
☐ RBC		☐ Iron turnover and distribution	
☐ GI protein loss		☐ Thyroid uptake	
☐ B12 absorption		☐ Kidney function	
☐ RBC survival/sequestration		☐ Other (specify) _____	
☐ Blood/plasma volume			

C. Imaging Studies

Indicate radioisotopes you have used for imaging purposes:

☐ Gallium 67 ☐ Indium 111 ☐ Iodine 123 ☐ Iodine 125
☐ Krypton 81m ☐ Technetium 99m ☐ Thallium 201 ☐ Xenon 127
☐ Other (specify) _____

Indicate imaging procedures you have performed and the number performed:

Procedure		Number Performed	Procedure	Number Performed	Procedure	Number performed
☐ Cardiac	☐ Cardiac blood pool		☐ Myocardial perfusion		☐ Myocardial PYP infarc	
☐ Pulmonary	☐ Pulmonary perfusion		☐ Pulmonary ventilation			
☐ Brain	☐ Brain imaging		☐ CNS Cisternography		☐ CNS shunt	
☐ Bone	☐ Bone imaging		☐ Bone marrow			
☐ Renal	☐ Renal function		☐ Renal perfusion		☐ Cystography	
	☐ Scrotal/testicular imaging					
☐ Biliary	☐ Gastroesophageal		☐ Gastric emptying		☐ Meckel's diverticulum	
	☐ GI bleed		☐ LeVeen shunt patency		☐ Salivary gland	
	☐ Liver					
☐ Spleen			☐ Lymphatic system		☐ Tumor abscess	
☐ Thyroid			☐ Venography			
☐ Other (specify) _____			_____		_____	
			_____		_____	

D. Administration of Radioactive Material for Diagnostic Purposes

Indicate approximate number of IV administrations you have performed _____

Indicate instruction you have received:

Subject	Hours of Instruction	Subject	Hours of Instruction
1. Pertinent anatomy and physiology of all possible venipuncture sites		6. Postpuncture care	
2. Choice of instruments, IV solutions, and equipment		7. Composition and purpose of antianaphylaxis tray	
		8. First aid	
3. Proper puncture techniques		9. Care of specimens	
4. Techniques of intravenous line establishment		10. Basic cardiopulmonary resuscitation	
5. Hazards and complication of venipuncture		11. Other (specify) _____	

E. Withdrawal of Blood Samples for In Vitro Tests

Indicate approximately the number of withdrawals of blood samples you have performed in the past five years: _____

F. Administration of Radioactive Material for Therapeutic Purposes

	Number of Treatments Assisted		Number of Treatments Assisted
☐ Iodine 131	_____	☐ Samarium 153	_____
☐ Phosphorus 32	_____	☐ Other (specify) _____	_____
☐ Strontium 89	_____		_____

USE OF GENERATORS AND REAGENT KITS FOR PREPARATION OF RADIOPHARMACEUTICALS (RADIOACTIVE MATERIAL)

Indicate type of generators and reagent kits you have used:

☐ Molybdenum 99/technetium 99m ☐ Rubidium/krypton 81m

☐ Other (specify)_____

_____

_____

Please submit the following documents.

☐ 1. Copy of your graduation diploma and school transcripts.
☐ 2. Copy of your national certificate(s) in nuclear medicine technology.
☐ 3. Verification of date you passed national certification examination in nuclear medicine technology.
☐ 4. Verification that you have performed nuclear medicine technology procedures marked on the application.
☐ 5. Verification that you have been trained and have performed at least ten administrations of radioactive material to human beings for IN VIVO tests and/or imaging.
☐ 6. Verification that you have been trained and have performed at least ten withdrawals of blood for IN VITRO studies.
☐ 7. Verification that you have been trained and have assisted in the performance of ten oral administrations of radioactive material to human beings for therapeutic purposes under proper supervision.
☐ 8. Verification that you have been employed as a nuclear medicine technologist.
☐ 9. Application fee (see Examination Information attached) payable to the Department of Health Services.

Please indicate other documents you are submitting with your application to support your request for certification:

_____

_____

Declaration

I certify that the information provided on the application and the documents submitted with the application are true and accurate.

➤ _____ _____

Signature of applicant Date

Privacy Notification

This information is requested by the Department of Health Services, Radiologic Health Branch, and is needed to determine your qualifications for a certificate in nuclear medicine technology pursuant to Section 107155 of the Health and Safety Code. Unless otherwise noted, the information requested is mandatory. The information submitted with and on the application may be provided to federal, state, and local agencies that request it for the purpose of law enforcement. The information requested is voluntary; however, your request for a certificate in nuclear medicine technology may be disapproved if your qualification for a certificate cannot be evaluated. For information or access to your records, contact: Chief, Radiologic Health Branch—Certification, P.O. Box 942732, MS 178, Sacramento, CA 94234-7320; telephone (916) 445-0931.

MAIL
☐ Application
☐ Supporting documents
☐ Fee

TO: Department of Health Services
Radiologic Health Branch—Certification
P.O. Box 942833, MS 178
Sacramento, CA 94234-2833

FOR EXPRESS DELIVERY ONLY
Department of Health Services
Radiologic Health Branch—Certification
601 North Seventh Street, MS 178
Sacramento, CA 95814